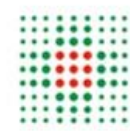
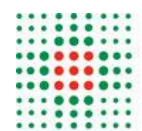




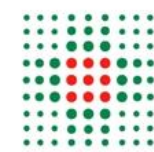
AZIENDA OSPEDALIERA
UNIVERSITARIA INTEGRATA
VERONA



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Bologna



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Modena



Azienda Unità Sanitaria Locale
Ravenna

Using Evidence in Healthcare Management

HOPE Agora 2022

Italy

THE ITALIAN CONTEXT

Population 58,983 million

Life expectancy

Female 84,7 years

Males 80.1 years

Top 3 causes of death

1st Diseases of circulatory system

2nd Tumors

3rd Diseases of respiratory system

Individual absolute poverty incidence 9,4%



Source: Istat. 2021

THE ITALIAN HEALTHCARE SYSTEM

Since 1978, Italy has had its own **National Health Service**, to which all inhabitants are entitled and which is mostly free of charge for the user.

The Italian Constitution establishes the legislative competences of the State and the Regions for health protection.

- The **State** determines the Essential Levels of Care that must be guaranteed throughout the national territory.
- The 20 **Regions** plan and manage health care in full autonomy within their territorial jurisdiction.

Highly decentralised, region-based delivery system



Personalised Health Care and Patient Pathway



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

Istituto Romagnolo per lo Studio dei Tumori "Dino Amadori"
Istituto di Ricovero e Cura a Carattere Scientifico

ISTITUT
ROMAGNOLO
PER LO STUDIO
DEI TUMORI
DINO AMADORI

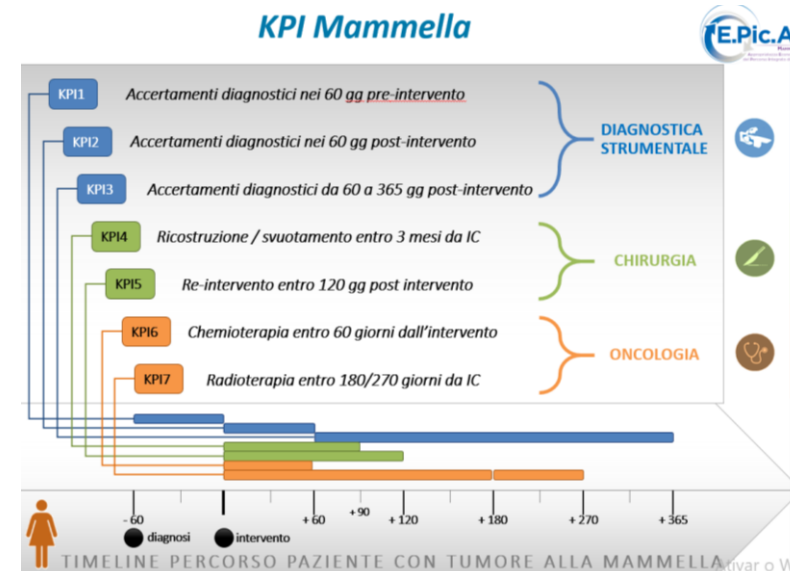
E.Pic.A. Study for the Breast Cancer (7 centres in Italy) (2015 a 2019)



Analyze the Patient Pathway (defining KPI)



Identify unnecessary costs (885 863€)
Reduce de reinterventions
Improve de access to therapy for different
patients



Hospital to Community Transitional Planning

DGRT 679 of 12/7/2016: defined the **Agenzia Continuità Ospedale Territorio** (ACOT – Hospital to Community Continuity Agency) and its tasks

ACOT was established in each District across Toscana in response to the National Chronicity Plan (MoH 2016) to strengthen transition processes and Integrated care pathways between hospital and community.

ACOT Team

- is **multi –professional**: Community Doctor, Nurse, Social Worker, Physiotherapist and others as required e.g. physiatrist, geriatrician specialist .
- **Coordinated/directed by a manager** appointed by the District Director who is responsible for **activating resources, evaluating and monitoring results** and **driving system improvement actions**.
- Plays a role in monitoring **governance of available resources** and of **clinical safety** in transition between hospital and community services.
- Acts as a **referral point from Community Services** where Intermediate Residential Care may be required.
- **Connects with district of origin for non-resident patients** hospitalized in the area.

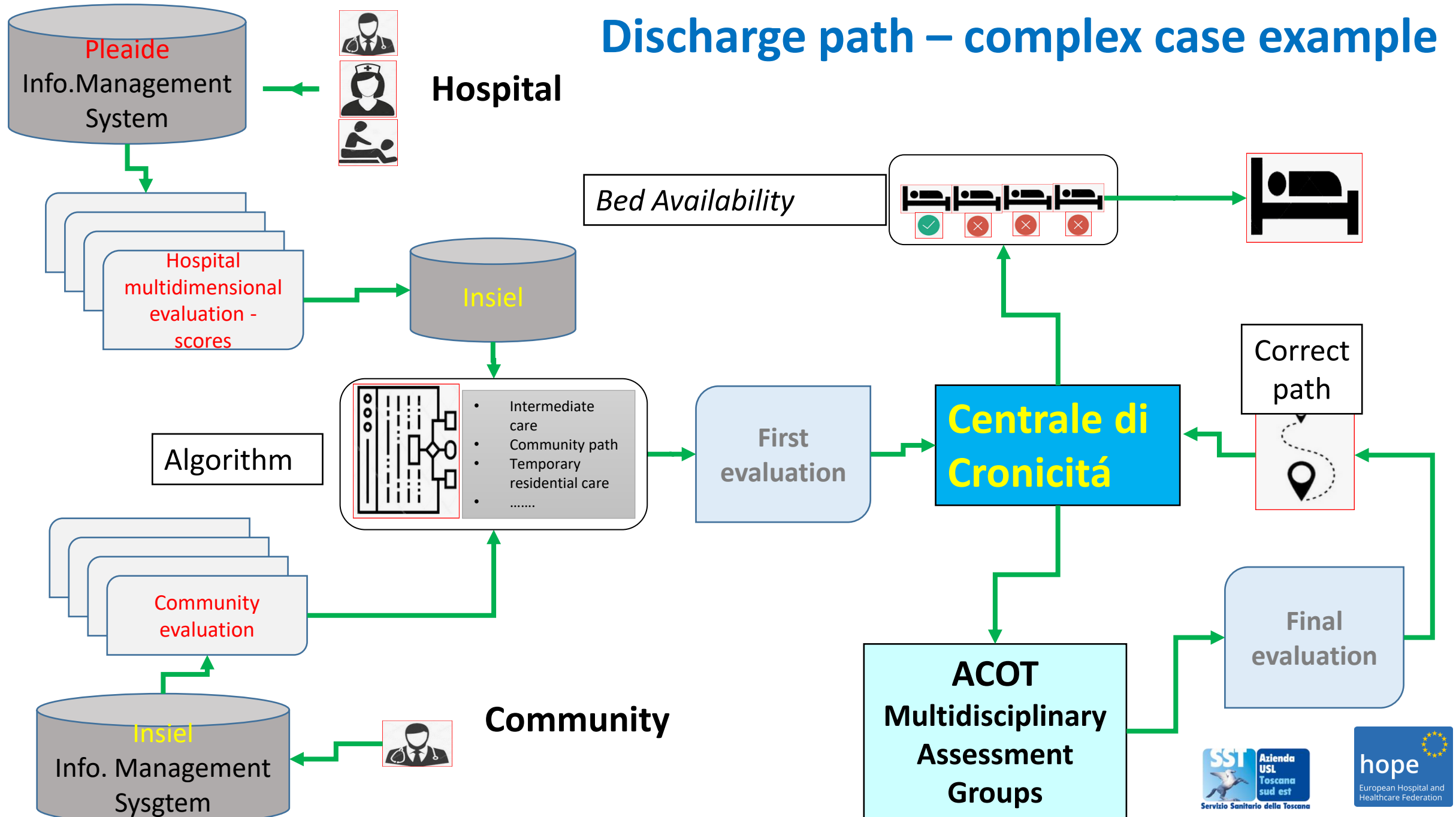
Centrale di Cronicità - (soon to be **C**ontinuità **O**spedale **T**erritorio)

With 13 ACOTs in place, Toscana Sud Est set up the CdC as **a hub** to

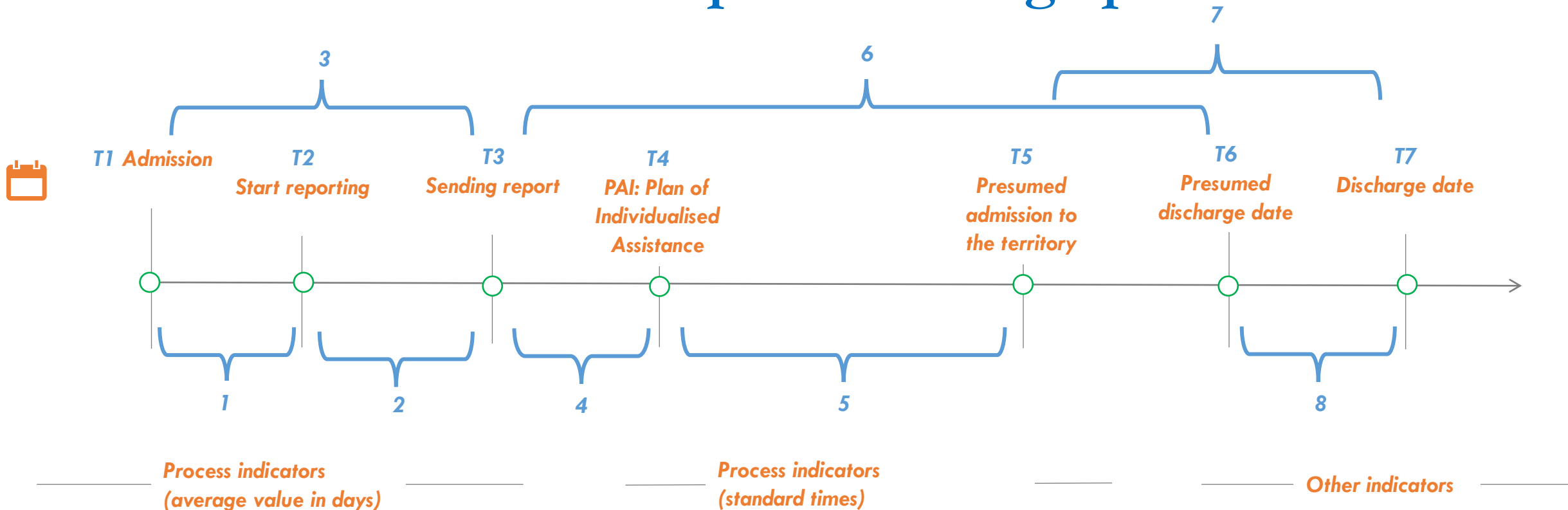
- Oversee discharge planning activities of its hospitals & all ACOTs
- To **collect and classify individual need**, and coordinate **appropriate community pathways /healthcare responses**, in particular for **'difficult' cases**, ensuring safe transition from one place of care to another
- **Facilitate dialogue** between services across the organisation, driving multi professional collaboration
- Promote use of **standardised tools in discharge phase**, enhancing communication and optimising patient safety
- **COT** model and function is now planned for roll out across other provinces



Discharge path – complex case example



ACOT – Complex discharge path



1. Timeliness taken in charge of the department (T1-T2)
2. Speed rating (T2-T3)
3. Overall assessment times (T1-T3)
4. ACOT efficiency (T3-T4)
5. Community offer capacity (T4-T5)
6. Department reporting promptness (T3-T6)
7. Discharge problems (T5-T7)
8. Discharge process efficiency (T7-T6)

1. Timely taking charge of the department **2 days**
2. Speed evaluation **1g**
3. Overall evaluation times (**3 days**)
4. ACOT efficiency (**2 days**)
5. Community offer capacity (**2 days**)
6. Prompt reporting of the department (**< = 5 days**)
7. Discharge problems (**1 day**)
8. Discharge process efficiency (**0g**)

- ☐ Response coherence matrix
- ☐ Community bed need indicator
- ☐ Community assistance efficiency indicator
- ☐ Process anomaly indicator
- ☐ Revolving Door Indicator

THE FAMILY AND COMMUNITY NURSE



1. The Context

REGIONAL SOCIAL
HEALTH PLAN 2012 -2016
Regional supplementary
forms of health and
social-health assistance

INNOVATIVE CARE PLACES AND INSTRUMENTS
FOR THE HOSPITAL-TERRITORY TRANSITION
INTERMEDIATE CARE AND THE **ACG SYSTEM**
(ADJUSTED CLINICAL GROUP):
Maria Chiara Corti

Territorial
Regional Epidemiological System
Health and Social Area
Veneto region

ULSS 3 2019 DATA	Distretti 1 e 2 Venezia Mestre		Distretto 3 Mirano e Dolo		Distretto 4 Chioggia		Azienda ULSS 3 "Serenissima"	
	N.	%	N.	%	N.	%	N.	%
00 - 05	11.725	4,10%	12.659	4,63%	2.414	3,67%	26.798	4,3%
06 - 14	21.534	7,52%	23.666	8,67%	4.653	7,05%	49.853	8,0%
15 - 44	87.040	30,41%	88.185	32,30%	20.564	31,17%	195.789	31,3%
45 - 64	88.368	30,88%	86.971	31,86%	21.456	32,52%	196.795	31,5%
65 - 74	35.298	12,33%	30.909	11,32%	8.452	12,81%	74.659	11,9%
75 e più	42.243	14,76%	30.619	11,22%	8.433	12,78%	81.295	13,0%
TOTALE	286.208	100%	273.009	100%	65.972	100%	625.189	100%

The family and community nursing project



2. The Evidence

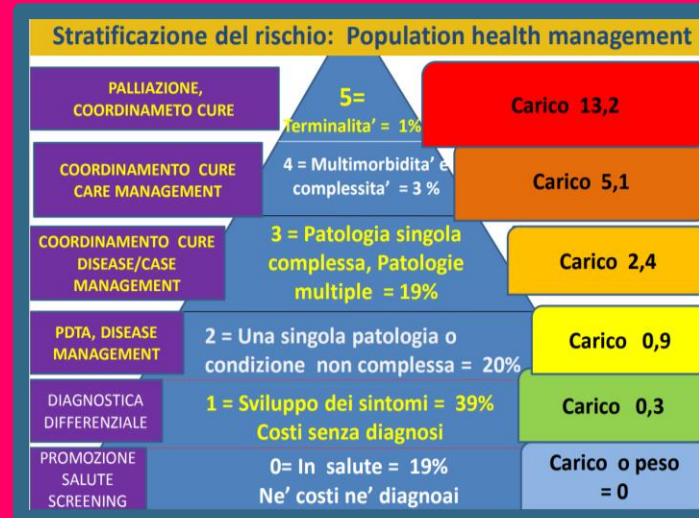
ACG

ADJUSTED
IS A SYSTEM USED FOR RISK
ADJUSTMENT: OR TO IDENTIFY
COMPARABLE SUBJECTS FROM THE
POINT OF
VIEW OF THE "RISK" (OF
HOSPITALIZATION
DEATH, CONSUMPTION OF
RESOURCES)

CLINICAL GROUPS
IS A GROUPER. A SYSTEM THAT
IDENTIFY "GROUPINGS"
OF PATIENTS IN A POPULATION

Developed by
the University
Johns Hopkins
of
Baltimore(USA)

COST ESTIMATES FOR EACH GROUP



ACG:
from
diseases

the
weight
of care

The ACG system defines the list of patients
potentially likely to present an aggravation of their
pathology.

DATI ACG

RUB 4 e 5 su pazienti ≥75 anni dell'Azienda ULSS 3 "Serenissima" anno 2019

	Distretto 1	Distretto 2	Distretto 3	Distretto 4	Azienda ULSS 3 "Serenissima"
	N.	N.	N.	N.	N.
RUB 4	1612	3767	3751	971	10101
RUB 5	1053	2282	2448	431	6214
	Distretto 1	Distretto 2	Distretto 3	Distretto 4	Azienda ULSS 3 "Serenissima"
	N.	N.	N.	N.	N.
RUB 4	1612	3767	3751	971	10101
Popolazione Residente	79722	206486	273009	65972	625189
%RUB 4 su popolazione residente	2,02%	1,82%	1,37%	1,47%	1,62%

The family and community nursing project



3. The Healthcare Decision

THE FAMILY AND COMMUNITY NURSE

- User contact to obtain consent.
- First cognitive visit which will be followed.

By a personalized course .The aim is to increase the individual empowerment of the assisted person, in order to improve their ability to "cope" with the disease and to develop self-care skills to influence and better control the determinants of health. and the quality of life in his community.

Professional who
helps people to adapt
illness and disability
chronic

PILOT PROJECT AULSS 3 YEAR 2021

DISTRETTO 1 "VENEZIA CENTRO STORICO E ISOLE"

RUB 4 : 2,02% (SUPERIEUR TO AVERAGE 1,6%)

PERCENTAGE OF THE ELDERLY RESIDENT POPULATION
OF ULTRA SEVEN-FIVE YEARS: 1.4%

GEOGRAPHICAL LOCATION OF DISTRICT 1 (ISLANDS)
DISTANT FROM THE MAIN DIAGNOSTIC AND CARE
CENTERS; THIS CAN BE A PROBLEM WHEN IT IS
DIFFICULT TO MOVE OR STAY OUTSIDE THE HOME FOR
A LONG TIME

NO PRESENCE OF INTEGRATED GROUP MEDICINE IN
THE DISTRICT TERRITORY

The family and community nursing project

Final Considerations

Final Considerations

- Best decisions in Italy at a national, regional, top management level of hospital and healthcare services, or unit/department level are taken with available knowledge, in the result of the research, training, data analyses, report systems, satisfaction surveys or plans.
- The decision doesn't remain the same, the Italian Healthcare control the results of that choice, and change it if the objectives are not the same.
- It is a continuous cycle, which permits increase the quality of the health care services, putting the patient in the centre of the system.

Team Italy

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Connolly, Jillian



Balosso, Conchetta



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Oliveira, Silvia



Pinto, Daniel



Rodrigues, Helena



Santos, Cristina



AGENAS

ASL Toscana Sud Est

ASL Bologna

ASL Modena

ASL Ravenna

AOUI Verona

Grazie mille !